



Wellness Certificate of Completion

In order to receive reimbursement for an approved health education class, you and your instructor must complete this form. Please call the Human Resources Department at 225-8535 to confirm coverage for a specific class. The City of Concord will reimburse you and your City-insured spouse up to **\$300** per person per Wellflex Year (June 1 – May 31) for any health related **education** programs from the following hospitals: Concord, Laconia, Franklin, Elliott, and Catholic Medical Center. In addition, the City will reimburse for an education course on a specific medical issue.* Please allow four to six weeks for reimbursement check. **In order to receive reimbursement, all requests need to be submitted within 30 days of completion of the course.**

*Pre-approved health education courses are listed on the back of this form.

Follow these steps:

1. Complete the Member information below. Please make sure your Health Insurance ID number appears on this form, which can be found on Harvard Pilgrim Health Care card. In addition, please specify which approved health education course you participated in. **Attach a copy of receipt of payment for reimbursement.**
2. **Have your instructor complete the rest of this form.** In order to receive reimbursement, your instructor **MUST** sign this form, verifying attendance and payment. You must attend at least 75% of the sessions to receive reimbursement.
3. Keep a copy of your documentation for your records.
4. Send this entire form with **proof of payment**, **within 30 days** to: City of Concord-Attn: HR
41 Green Street
Concord, NH 03301

Member: _____

Member Name

Member ID # (located on HPHC card)

Member Address: _____

Course Name: _____

Is this an approved course listed on the back of this form? Yes ☐ NO ☐

If No, please specify education topic & location: _____
Topic and Location

Instructor: This section below must be completed by the Instructor

I hereby certify that (Participant Name) _____ completed

(Class Name) _____ held at (Facility, Location) _____

(Begin Date) _____ (End Date) _____. The cost of this class is \$ _____.

By signing below, I certify that the member paid in full and attended at least 75% of the sessions.

Instructor's Name

Telephone #

Instructor's Signature

Rev 5/13

***** Please do not write in this box - For City of Concord Human Resources Department Use Only *****

Vendor # _____ G/L # 2001-14-8-6 43390.001 G/L Desc: Wellflex Programs/Donation Exp _____

Payment authorized by: _____
Signature Date

Reg Form _____ HPHC _____

Access DB _____ Reimb _____

Pre-approved Health Education Courses *(held at the Center for Health Promotion, Laconia Hospital, Franklin Hospital, Elliott Hospital and Catholic Medical Center)*

Cardiology Services Education

- ___ Basic First Aid
- ___ Cardiac Education
- ___ CPR
- ___ First Aid
- ___ Infant & Child CPR and Safety

Weight & Health & Nutrition Services

- ___ Cook Better, Live Better
- ___ Elliot's choosing the Right Weigh
- ___ Fast & Forever
- ___ Lose weight with Emotional Freedom
- ___ Many Kinds of Perfect
- ___ Nutrition
- ___ Weight Management
- ___ Weight Watchers
- ___ Why Weight....Finding & Developing a Healthier You

General Health and Wellness

- ___ Advanced Directives
- ___ Babysitting
- ___ Back Education
- ___ Bring Balance to your Body with Acupuncture
- ___ Energy for Everyone
- ___ Fall Safety
- ___ Foot Reflexology
- ___ Menopause
- ___ Reflexology
- ___ Self Care
- ___ Smoking Cessation
- ___ Try to Stop Tobacco Resource Center
- ___ Quit Smoking Support Group
- ___ Your Wellness Matters

Childbirth Education

- ___ Baby Steps
- ___ Back to work & Breastfeeding
- ___ Breast feeding
- ___ Butts and Guts for New Moms
- ___ C-Section Class
- ___ Car Seat Safety
- ___ Childbirth – 4 Week
- ___ Childbirth Condensed
- ___ Childbirth Refresher
- ___ Labor Series
- ___ Mommy & Me Stroller
- ___ Pets and Your New Baby
- ___ Mommy & Me Stroller
- ___ Sibling Class
- ___ The 4th Trimester

Disease Management

- ___ Arthritis
- ___ Asthma
- ___ Cancer Education
- ___ Diabetes
- ___ GI Disease
- ___ Osteoporosis
- ___ Pre Diabetes
- ___ Other Please Specify: _____

Stress Management

- ___ Core Strengthening
- ___ Great Expectations
- ___ Hata Yoga
- ___ Kripalu Danskinetics
- ___ Kripalu Yoga
- ___ Pilates
- ___ Prenatal Yoga
- ___ Postnatal Yoga
- ___ Stress Management
- ___ T'ai Chi King
- ___ Yoga/Tai Chi
- ___ Yogalates
- ___ Yoga for Chronic Pain
- ___ Yoga for your Body
- ___ Yoga Therapy-Exercises to keep a positive attitude

Parenting Education

- ___ Beginner Swimming Lessons
- ___ Boot Camp for New Dads
- ___ Infant growth and Development
- ___ Introduction to Underwear
- ___ Newborn Care
- ___ Parent Preview
- ___ Parenting
- ___ Pre/Postnatal Fitness
- ___ Safe Sitter
- ___ Sibling Preparation Tour
- ___ The Parent Connection
- ___ The Testing Toddler

Exercise *

- ___ Zumba
- ___ Jazzercise
- ___ Ballroom Dancing
- ___ Karate
- ___ Tae K'won Do
- **not held at an approved fitness facility/gym**

Other Health Education Courses

The City of Concord may reimburse for an education course on a specific medical issue. Others require pre-approval.

Name of Course: _____

Location: _____